



AGENCY OF HUMAN SERVICES  
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection  
103 South Main Street, Ladd Hall  
Waterbury, VT 05671-2306  
<http://www.dail.vermont.gov>  
Voice/TTY (802) 871-3317  
To Report Adult Abuse: (800) 564-1612  
Fax (802) 871-3318

June 4, 2012

Ms. Susanne Shapiro, Administrator  
West River Valley Assisted Living Residence  
PO Box 341  
Townshend, VT 05353

Provider #: 1007

Dear Ms. Shapiro:

Enclosed is a copy of your acceptable plans of correction for the survey and complaint investigation conducted on **May 1, 2012**. Please post this document in a prominent place in your facility.

We may follow up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in cursive script that reads "Pamela M. Cota RN".

Pamela M. Cota, RN, MS  
Licensing Chief

PC:ne

Enclosure



MAY 22 2012

PRINTED: 05/10/2012  
FORM APPROVED

## Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  1007	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  C 05/01/2012
NAME OF PROVIDER OR SUPPLIER  WEST RIVER VALLEY ASSISTED LIVING RESI			STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 341 TOWNSHEND, VT 05353		
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R100 SS=A	Initial Comments:  An unannounced on-site re-licensing survey as well as a complaint investigation were conducted by the Division of Licensing and Protection on 04/30/12 and completed on 05/01/12. The following are regulatory findings.	R100			
R160 SS=E	V. RESIDENT CARE AND HOME SERVICES  5.10 Medication Management  5.10.a Each residential care home must have written policies and procedures describing the home's medication management practices. The policies must cover at least the following:  (1) Level III homes must provide medication management under the supervision of a licensed nurse. Level IV homes must determine whether the home is capable of and willing to provide assistance with medications and/or administration of medications as provided under these regulations. Residents must be fully informed of the home's policy prior to admission. (2) Who provides the professional nursing delegation if the home administers medications to residents unable to self-administer and how the process of delegation is to be carried out in the home. (3) Qualifications of the staff who will be managing medications or administering medications and the home's process for nursing supervision of the staff. (4) How medications shall be obtained for residents including choices of pharmacies. (5) Procedures for documentation of medication administration. (6) Procedures for disposing of outdated or unused medication, including designation of a	R160	R160/Medication Management  A medication delegation training program has been developed for new and current delegated staff. Each of our delegated staff will be spending time with the Nurse Manager and Program Director during the week of May 21, 2012 to review this program and be signed off on the skills/knowledge necessary to continue to be a delegated caregiver. We will put into place a review system whereby delegated caregivers have an annual review/re-training of those skills. A form has been created to document this process. (See the attached skills list/training schedule.) The Nurse Manager will continually do spot checks of the individual delegated caregivers by following/overlooking the medication pass for a shift.	5/25/12	

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Suzanne Shapiro RN*

TITLE

(X6) DATE

PROGRAM DIRECTOR 5/18/12

STATE FORM

5595

ETSB11

If continuation sheet 1 of 8

Pmc

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R160	Continued From page 1  person or persons with responsibility for disposal. (7) Procedures for monitoring side effects of psychoactive medications.  This REQUIREMENT is not met as evidenced by: Based on interview, the home failed to have written procedures describing the home's medication management practices and delegation for unlicensed staff. Findings include:  Per review of the medication management and delegation system on 04/30/12, on 9/26/11 there was documentation showing unlicensed staff were signed off by the nurse to administer medications to the residents. Per interview on 04/30/12 at 2:10 PM, the Program Director stated that the former nurse signed off staff for medication administration, however was not sure what was taught or how the procedures for medication management practices took place. Per interview with staff at 3:00 PM, s/he stated that s/he "learned on the job" and stated that there was no specific training involved. The Program Director at 3:15 PM confirmed that there was no documentation on how the process or practice of delegation was to be carried out in the Residence.	R160		
R179 SS=F	V RESIDENT CARE AND HOME SERVICES  5.11 Staff Services  5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to	R179		

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R179	<p>Continued From page 2</p> <p>residents. The training must include, but is not limited to, the following:</p> <ul style="list-style-type: none"> <li>(1) Resident rights;</li> <li>(2) Fire safety and emergency evacuation;</li> <li>(3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid;</li> <li>(4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation;</li> <li>(5) Respectful and effective interaction with residents;</li> <li>(6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and</li> <li>(7) General supervision and care of residents.</li> </ul> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to have documentation that all direct care staff had been provided with at least 12 hours of training each year which included resident rights, safety and emergency evacuation, emergency response, policies &amp; procedures on abuse, neglect &amp; exploitation, respectful interaction with residents, infection control measures and general supervision and care of residents. Findings include:</p> <p>Per record review on 04/30/12 at 4:30PM, there was no documentation that the home had provided 12 hours of training for all direct care staff. Per interview at that time, the Program Director stated that there was a change in personnel and confirmed that all the hours of training were not complete.</p>	R179	<p>R179/Staff Services</p> <p>The In-Service Program is catching up with the requirements. Staff will be doing 2 one-hour in-services during the months of May and June. The Nurse Manager and Program Director will also add self study modules and have all direct care staff catch up with the required 12 hours of in-services. Per diem staff has been asked to bring documentation of their in-services from other jobs for our review. If it is found that this qualifies towards the 12 hours, we will put appropriate documentation in our in-service records. Three staff members will attend an all-day Gerontology Symposium in Rutland, VT in June. This program has been reviewed and qualifies for 6.25 nursing contact hours.</p> <p>We expect to have all staff who has worked here more than one year up to the mandatory 12 hours by the end of June 2012. Staff hired within the last year should be caught up by their anniversary dates. By July 2012 we will offer a minimum of one hour of in-service time per month in order to stay in compliance with regulations from here forward.</p>	6/30/12

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R249  R249 SS=E	<p>Continued From page 3</p> <p><b>VII. NUTRITION AND FOOD SERVICES</b></p> <p><b>7.2 Food Safety and Sanitation</b></p> <p>7.2.d The home shall assure that food handling and storage techniques are consistent with safe food handling practices.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and staff interview, the home failed to assure that food handling and storage areas were maintained in a sanitary manner in accordance with accepted safe food handling practices. Findings include:</p> <p>During a tour of the home's kitchen and food storage areas on the morning of 04/30/12, the following concerns were noted:</p> <ul style="list-style-type: none"> <li>a. the storage area in the kitchen that contained the spices had soiled dusty shelving;</li> <li>b. the back refrigerator freezer in the kitchen area had sticky and soiled shelves with dripping ice cream;</li> <li>c. a cupboard storing other foods had dry crumbs on the shelves, chicken base leaking and a large bag of dried pasta stored on the floor;</li> <li>d. the large main refrigerator had several undated food items such as egg salad and cream based soups as well as unlabeled/undated staff food items;</li> </ul> <p>In addition, the home failed to consistently record refrigerator and freezer temperatures to assure that perishable foods were maintained and stored at the proper temperatures for the 2 smaller refrigerators. These concerns were confirmed</p>	R249  R249	<p><b>R249/Food Safety and Sanitation</b></p> <p>All kitchen staff was counseled immediately after the survey regarding the aforementioned deficiencies. Areas a, b, and c have been cleaned, and no food will be stored on the floor in the future. Thermometers have been purchased for proper temperature recording. Area d has been addressed with all kitchen staff, and no food will be returned to storage in refrigerators without proper dating and labeling. From now on, staff will follow a regular cleaning schedule (which has been established) and an established system for labeling food.</p> <p>In order to continue to be compliant with sanitation and food storage kitchen requirements, a monthly "cookout" for residents has been instituted. At this time we will have extra staff on duty to deal with meals and the dining room in order for kitchen staff to focus on a monthly deep cleaning of our kitchen and storage areas. The first monthly cookout has been scheduled for May 31, 2012.</p>		6/1/12

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R249	Continued From page 4  with the Executive Director and Program Director, who accompanied the surveyor on the tour.	R249			
R266 SS=E	IX. PHYSICAL PLANT  9.1 Environment  9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment.  This REQUIREMENT is not met as evidenced by: Based on observations during a physical tour of the facility and interview, the home failed to provide a safe, sanitary, homelike and comfortable environment. Findings include:  Per observation during the initial tour conducted at 12:15 PM on 04/30/12 with the Program Director and Executive Director the following were observed:  1. The janitor room on the first floor as well as the storage room on the second floor, which contained cleaning supplies was not locked. The first floor has some residents who have been known to wander and have mild dementia, as well as one resident on the second floor. 2. In the basement's dry food storage, the sump pump area has a large approximately 2 1/2 by 2 1/2 foot open area that had standing water.  The above observations were confirmed by the Program Director and Executive Director on 04/30/12 at 12:45 PM that the doors are to be locked and the sump pump area should be covered, which it was not.	R266	R266/Environment  1. Janitor rooms on both first and second floor have had locks repaired, and only staff members have the code to get into these areas. Staff has been instructed to close these doors tightly every time to ensure that the lock is activated.  2. Sump pump area in basement: The cover was put on immediately during the survey. Staff members have been informed to keep the cover on at all times, including during times of heavy rain fall when we monitor the water level.	5/1/12  4/30/12	

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A 708	Continued From page 5	A 708			
A 708 SS=C	<p>VII Policies and Procedures</p> <p>7.2 Quality Improvement</p> <p>At a minimum, the licensee shall:</p> <p>7.2.a Have a internal quality improvement committee that shall:</p> <p>7.2.a(i) consist of the director of the assisted living residence, a registered nurse, at least one other direct care staff member, a resident and other representatives as needed to achieve program objectives;</p> <p>7.2.a(ii) meet at least quarterly to identify issues with respect to quality improvement, to develop and implement appropriate plans of action and to review and act upon resident satisfaction surveys.</p> <p>7.2.a(iii) allow residents to have meaningful opportunities to provide input, to discuss grievances and to review plans of action.</p> <p>This Statute is not met as evidenced by: Based on record review and interviews, the Residence failed to have a internal quality improvement committee that consisted of at least one other direct care staff member and a resident and to have resident satisfaction surveys. Findings include:</p> <p>1. Per interview on 04/30/12 at 3:15 PM the Resident Council President stated that s/he has not been to a quality improvement meeting nor was asked about a satisfaction survey. Per review of the quarterly quality review minutes, noted to be present was the Executive Director, Program Director and Department Heads. There was no direct staff or residents in attendance. In</p>	A 708	<p>A708/Quality Improvement</p> <p>A Quality Improvement Committee has been named with the following members: Executive Director, Program Director, Nurse Manager, Property Manager, Kitchen Manager, Team Leader (caregiver), and resident representative.</p> <p>Meetings have been scheduled quarterly for the remainder of 2012 to take place on the first Friday of each of the months of June, September, and December.</p> <p>Resident satisfaction survey was conducted the last time in January 2011 via "My Inner View.com".</p> <p>We are all set to repeat this survey and expect it to be done before the end of June 2012. We will schedule another quality improvement committee meeting upon completion of the survey to review and possibly take action on the survey results. The survey will include family members as well as residents. In the future, it is the plan to continue conducting resident surveys annually in or around the month of June.</p>	<p>6/1/12</p> <p>7/1/12</p>	

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A 708	Continued From page 6  addition the Residence was unable to produce Resident Satisfaction surveys. Per interview at 4:30 PM the Program Director confirmed that the quality meetings did not have at least one other direct care staff member and a resident in attendance and that resident satisfaction surveys are not routinely used.	A 708	<b>A802/Agreements and Charges</b>  After the state survey on April 30, 2012, every resident chart was reviewed in regards to admission agreements, documentation on Living Wills and advance directives. After this review, we decided to print a new resident agreement for each of the 27 residents. These agreements were all updated to contain the correct room numbers and the current rates for room, board, and care. Residents who reside here and whose care is paid for by Medicaid now also have a resident admission agreement addendum outlining how the payment works and what the rates are for room and board with or without a spend-down period.  The new agreements were distributed with a cover letter that is to be signed and returned along with the updated admission agreements. We will aim to have all agreements returned before the end of June 2012, and will make necessary phone calls to families/residents by mid-June.  A procedure will be instituted to amend any resident agreement for residents whose care charges or room, board, and meal charges change at any point. Residents will be given appropriate notice for any rate changes.	7/1/12 or sooner	
A 802 SS=B	<b>VIII Agreements and Charges</b>  8.2 The terms of occupancy of a resident unit, together with any utilities, maintenance or management services provided by the licensee, shall be included in a written admission agreement and, if applicable, a written lease separate from the admission agreement. When a separate lease agreement regarding the resident unit is entered into, the existence of that agreement shall be noted in the admission agreement.  This Statute is not met as evidenced by: Based on record review and interview the Residence failed to have current signed written admission agreements for 3 out of 6 applicable residents. (Resident #1, # 2 and #3) Finding include:  1. Per record review of Resident #1, #2 and #3 on 04/30/12 between 1:00 PM and 3:15 PM the following was noted:  a) Resident# 1 who was admitted on 04/15/10 does not have a signed written agreement in the resident's records. There is a general admission agreement form in the chart but this was not signed nor dated. Per interview at 2:10 PM the Program Director stated that "the wife is the DPOAHC (durable power of attorney for health care) and must've sign it". Per further review of	A 802			



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A 802	<p>Continued From page 7</p> <p>the resident's record is there is no DPOAHC record. The Program Director confirmed at that time, there was no signed and dated admission agreement for Resident #1.</p> <p>b) Resident #2 was originally admitted and has a signed admission agreement dated 02/15/10. Resident #2 had a decline in health at the end of year of 2011. Subsequently there has been a room and board rate increase and well as care charges. There is no new admission agreement nor was the resident notified with a thirty day written notice per the admission agreement. The admission agreement states on page one "This agreement may be amended by either party by mutual agreement with a thirty (30) day written notice... Otherwise it will remain in effect until a different agreement is executed." The resident was notified via letter the same day the rates went into effect. The Program Director at 2:10PM confirmed that the resident was not given 30 day notice nor was a new agreement executed.</p> <p>c) Resident #3 was admitted and has a signed written admission agreement on 04/04/09. A letter dated and sent on 06/01/11 to the resident, states the care charges were increasing effective 06/01/11. In addition, the resident recently moved to another room on another floor. There is no current admission agreement with current room &amp; board or care charges. Per interview at 2:00 PM the Program Director confirmed that the resident was not given 30 days notice nor is the admission agreement current.</p>	A802	<p>R160, R179, R249, R266, A708, + A802 POC's accepted 6/14/12 Summons RN/Phneto RN</p>		